

# DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

Herbert S. Saffir Permitting and Inspection Center

11805 SW 26th Street (Coral Way), • Miami, Florida 33175-2474 • (786) 315-2000

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## PERMIT APPLICATION

2007040 275

IF SUBSIDIARY PROVIDE MASTER PERMIT NUMBER HERE 2008

LOCATION OF IMPROVEMENTS	Job Address <u>34800 SW 214 Ave.</u>		CONTRACTOR INFORMATION	Contractor No. <u>EGC1511730</u>	
	Folio <u>30-7828 0000 850</u>			Last four (4) digits of Qualifier No. <u>2410</u>	
TYPE OF IMPROVEMENTS	Lot _____ Block _____		Contractor Name <u>LT Construction LLC</u>		Current use of property <u>RESIDENTIAL</u> <u>GUEST house</u> Description of Work <u>Home completion</u> <u>Re-open master permit</u> Sq. Ft. <u>1385</u> Units <u>1</u> Floors <u>1</u> Value of Work <u>40,000</u>
	Subdivision _____ PBpg _____		Qualifier Name <u>Luis Hernandez</u>		
	Metes and bounds _____		Address <u>16351 SW 285 ST</u>		
			City <u>HOMESTEAD</u> State <u>FL</u> Zip <u>33033</u>		
PERMIT TYPE	<input type="checkbox"/> New Construction on Vacant Land <input type="checkbox"/> Alteration Interior <input type="checkbox"/> Alteration Exterior <input type="checkbox"/> Relocation of Structure <input type="checkbox"/> Short Term Event <input type="checkbox"/> New Roof <input type="checkbox"/> Recovery (Roof) <input type="checkbox"/> Permit by Affidavit		<input type="checkbox"/> Enclosure <input type="checkbox"/> Repair <input type="checkbox"/> Repair Due to Fire <input type="checkbox"/> Demolish <input type="checkbox"/> Shell Only <input type="checkbox"/> Addition Attached <input type="checkbox"/> Addition Detached <input type="checkbox"/> Re-Roof <input type="checkbox"/> Foundation Only	OWNER'S NAME	
	<input checked="" type="checkbox"/> Building* Category <u>02</u> <input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> LPGX			Owner <u>RINO'S GROUP LLC</u> Address <u>34800 SW 214 Ave</u> City <u>Miami</u> State <u>FL</u> Zip <u>33034</u> Phone <u>786-2511262</u> Last four (4) digits of Owner's Social Security No. _____	
PERSON TO PICK UP PLANS	Name <u>EDGARDO DURINO</u>		ARCHITECT ENGINEER	Name _____	
	Address <u>34800 SW 214 Ave</u>			Address _____	
BONDING	City <u>Miami</u> State <u>FL</u> Zip <u>33034</u>		City <u>N/A</u> State _____ Zip _____		MORTGAGE LENDER
	Phone <u>786-2511262</u>		Phone _____		
				Name _____ Address _____ City <u>N/A</u> State _____ Zip _____ Phone _____	

\*See reverse side for Building Category

Application is hereby made to obtain a permit to do work and installation as indicated. I certify that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that separate permits are required for **ELECTRICAL, PLUMBING, SIGNS, POOLS, MECHANICAL, WINDOW, SHUTTERS and ROOFING WORK** and there may be additional permits required for other governmental entities.

**OWNER'S/PERMIT APPLICANT AFFIDAVIT:** I certify that all of the foregoing information is accurate and that I have no unpaid civil penalties, administrative hearing cost investment or enforcement costs or outstanding assessments or liens against my Florida State or Miami County property.

**WARNING TO OWNER:** YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.

"The issuance of the permit does not relieve the property owner from obtaining homeowner's association approval (if required) prior to beginning any work and in no way constitutes an endorsement or approval of any association rule or regulation."

Signature of Owner or Owner's Agent \_\_\_\_\_

Examiner NAME Stephen Kovach Date 3/4/2016 9:25:16 AM A ELEC Reason \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

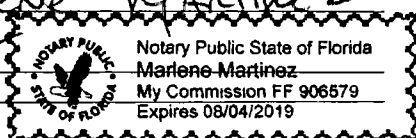
by Marlene Martinez Notary Public

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

(SEAL)

Personally known \_\_\_\_\_  
or Produced Identification \_\_\_\_\_



Signature of Qualifier \_\_\_\_\_

Stamp Name Luis Hernandez Date 3/4/2016 9:25:16 AM A ELEC Reason \_\_\_\_\_

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

by Luis Hernandez Notary Public

Signature of Notary Public \_\_\_\_\_

Print Name \_\_\_\_\_

(SEAL)

Personally known \_\_\_\_\_  
or Produced Identification \_\_\_\_\_

